

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	06-JUN-2018	2012	4719 S PRAIRIE AVE CHICAGO, IL 60615	200	0224	<input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)	ASSIGNMENT TYPE			
			VACANT LOT	<input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> POO MISSION <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE			
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?	
	1815714931	JB296055				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SUBJECT INFORMATION	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	OTHER:	
	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> VAN/BUS	TACTTEAM	
SUBJECT'S ACTIONS	MEMBER WAS?	ASSIST UNITS ON SCENE?	INCIDENT				
	<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR				
MEMBER'S RESPONSE	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	
	9161	THRASHER	SHELDON		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	1	
WEAPON DISCHARGE	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	Minor Contusion/Laceration	
	15-JUL-2013	002 0264E	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)	
MEMBER'S RESPONSE	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	
	GRANTON	MAURICE		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	1994	
WEAPON DISCHARGE	ADDRESS	TELEPHONE NO.	CONDITION				
			<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify)			
WEAPON DISCHARGE	MEDICAL TREATMENT?	Refused Medical Aid	Offered/EMS Requested	Performed by Member	Taken to Hospital (Specify)	OTHER (Specify)	
WEAPON DISCHARGE	SUBJECT INJURY BY MEMBER'S USE OF FORCE?	None/None Apparent	Non-Fatal - Minor Injury	Gun Shot	Fatal	Other (Explain)	
WEAPON DISCHARGE	DID NOT FOLLOW VERBAL DIRECTION	PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)	THROWN OBJECT (DESCRIBE)	WAS SUBJECT ARMED WITH WEAPON?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:			
WEAPON DISCHARGE	VERBAL THREATS	HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)			
WEAPON DISCHARGE	STIFFENED (DEAD WEIGHT)	KNEE/LEG STRIKE		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE			
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN			
WEAPON DISCHARGE	PULLED AWAY	MOUTH/TEETH/SPIT		WEAPON/OBJECT PERCEIVED AS:			
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> SEMI-AUTOMATIC HAND GUN			
WEAPON DISCHARGE	FLED	PUSH/SHOVE/PULL		WEAPON USE:			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon			
WEAPON DISCHARGE	IMMINENT THREAT OF BATTERY - NO WEAPON	GRAB/HOLD/RESTRAIN		<input type="checkbox"/> DANA <input checked="" type="checkbox"/> Used - Attacked Member			
	<input type="checkbox"/>	<input type="checkbox"/>					
WEAPON DISCHARGE	OTHER (DESCRIBE)	WRESTLE/GRAPPLE					
	<input type="checkbox"/>	<input type="checkbox"/>					
WEAPON DISCHARGE	OTHER (DESCRIBE)	OTHER (DESCRIBE)					
	<input type="checkbox"/>	<input type="checkbox"/>					
WEAPON DISCHARGE	SUBJECT ACTIVITY	Drug-Related?	Gang-Related?	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
WEAPON DISCHARGE	TYPE OF ACTIVITY?	Ambush - No Warning	Disurbance - Domestic	Disurbance - Riot/Mob Action/Civil Disorder	Pursuing/Arresting Subject	Processing/Transporting/Guarding Arrestee	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WEAPON DISCHARGE	Traffic Stop	Man with a Gun	Disurbance - Other	Charge:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
WEAPON DISCHARGE	Investigatory Stop	Disurbance - Mental Health	Other - Describe in Narrative	IUCR CODE:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
WEAPON DISCHARGE	REASON FOR RESPONSE?	Defense of Self	Defense of Member of Public	Stop Self-Inflicted Harm	Subject Armed with Weapon		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
WEAPON DISCHARGE	Defense of Department Member	Overcome Resistance or Aggression	Fleeing Subject	Unintentional			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
WEAPON DISCHARGE	FORCE MITIGATION EFFORTS			CONTROL TACTICS			
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER				<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER NO CONTROL TACTICS		
WEAPON DISCHARGE	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS				<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING		
	<input type="checkbox"/>				<input type="checkbox"/> ARMBAR <input type="checkbox"/>		
WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPONS			
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE				<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL		
WEAPON DISCHARGE				<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN			
				<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER			
WEAPON DISCHARGE	*AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER	WEAPON TYPE:	<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE	WEAPON SERIAL NO.	WEAPON CERT. NO.		
	1			MG743068			
WEAPON DISCHARGE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON			
	<input type="checkbox"/>		<input type="checkbox"/>				
WEAPON DISCHARGE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN		
WEAPON DISCHARGE	TASER DISCHARGE ONLY	TASER DART ID NO.	PROPERTY INVENTORY NO.	PROBE DISCHARGE	CONTACT STUN	ARC CYCLE	
	<input type="checkbox"/>			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
WEAPON DISCHARGE	FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT?	TOTAL NO. OF SHOTS MEMBER FIRED	WAS FIREARM RELOADED DURING INCIDENT?	MAKE/ MANUFACTURER	MODEL	
	<input checked="" type="checkbox"/>	<input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> OFFENDER	3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPRINGFIELD ARMORY, GEN	XDM	
WEAPON DISCHARGE	DID MEMBER FIRE AT A VEHICLE?			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			

# NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE

NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☒ CPIC

**NARRATIVE** (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)  
THRASHER, SHELDON

STAR/EMPLOYEE NO.  
17871

SIGNATURE  
[REDACTED]

## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☒ Gun Shot  
☐ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☒ Fatal  
☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain) ☐ Other (Explain)

### HOW WAS INJURY SUSTAINED?

☒ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other  
☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES <input type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT CONDUCTED BY THE IRT					

## REVIEWING SUPERVISOR: COMMENTS

BASED ON THE FACTS PRESENTED AT THE TIME OF THIS REVIEW, COMBINED WITH THE VIDEOS REVIEWED IT IS THE CONCLUSION OF THE R/LT. THAT THE MEMBER GAVE VERBAL DIRECTIONS, TOOK EVASIVE ACTION AFTER BEING FIRED UPON, AND RETURNED FIRE UNDER DURESS IN FEAR OF HIS LIFE. THE R/LT. BELIEVES THE MEMBER'S USE OF FORCE WAS IN FULL COMPLIANCE WITH DEPARTMENTAL POLICIES AND PROCEDURES.

ATTACHMENTS: ☐ CASE REPORT ☐ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☐ INVENTORY ☐ IOD REPORT ☐ TASER DOWNLOAD ☐ OTHER

## REVIEWING SUPERVISOR:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.  
1089772

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

SPRADLEY, ERNEST

627

07-JUN-2018 0214

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.	RD NO.
	06-JUN-2018	2012	4719 S PRAIRIE AVE CHICAGO, IL 60615		1815714931	JB296055
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	THRASHER	SHELDON			
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX
	GRANTON		MAURICE			<input checked="" type="checkbox"/> M <input type="checkbox"/> F
					RACE	D.O.B.
					BLK	1994

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

FATAL WOUNDS

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☐ ADDITIONAL ATTACHMENTS

BASED ON THE FACTS PRESENTED AT THE TIME OF THIS REVIEW, COMBINED WITH THE VIDEOS REVIEWED IT IS THE CONCLUSION OF THE R/LT. THAT THE MEMBER GAVE VERBAL DIRECTIONS, TDDK EVASIVE ACTION AFTER BEING FIRED UPON, AND RETURNED FIRE UNDER DURESS IN FEAR OF HIS LIFE. THE R/LT. BELIEVES THE MEMBER'S USE OF FORCE WAS IN FULL COMPLIANCE WITH DEPARTMENTAL POLICIES AND PROCEDURES

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:

1089772

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☒ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? ☐ NO ☒ YES, DESCRIBE BELOW:

☒ OTHER:

PROFESSIONAL COUNSELING

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO

☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

SPRADLEY, ERNEST R

STAR NO.

627

SIGNATURE

DATE/TIME COMPLETED

07-Jun-2018 0219